BEST AVAIDADED TO CHE Number

PATENT APPLICATION FL. DETERMINATION RECORD Effective October 1, 2000

09/936891

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE,
FOR			NUMBER FILED NUMB		NUMBE	R EXTRA		BASIC FEE	7	OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			8 minus 20= *					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =			*		X40=		OR	X80=	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+135=		OR	+270=		
* If	the difference	less than ze	ss than zero, enter "0" in column 2			ı	TOTAL	-	OR	TOTAL	860	
	CLAIMS AS AMENDED - PART II							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1)		(Columi		(Column 3)	! r	SWALL		On I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CL AUM	= .		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NIATION OF MI	JETIPLE DEF	ENDEN!	CLATIVI			+135=		OR	+270=	
		*					L	TOTAL		OR	TOTAL	
			ADDIT. FEE	· . - ,		ADDIT. FEE						
		(Column 1) CLAIMS		(Columi HIGHE		(Column 3)	lr		ADDI-			ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***	51 A 13 A			X40=		OR	X80=	
	FIRST PRESE	DETIPLE DEF	TIPLE DEPENDENT CLAIF			1	+135=		OR	+270=		
							L	TOTAL	1.		TOTAL	
	•	(Oathward) (Oathward) (Oathward)					ADDIT. FEE ADDIT. FEE					
		(Column 1) CLAIMS		(Columi HIGHE		(Column 3)	l e					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAÍD FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE /	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=		OR	+270=	
		mn 1 is less than th					L	TOTAL			TOTAL	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE									ا	OŖ,	ADDIT. FEE	
		ber Previously Pai					r fou	nd in the app	ropriate box	in col	lumn 1.	